

# Public Health Education Collaborative



August 3<sup>rd</sup>, 2010

# Welcome

Sylvia Estafan

*Health Education Administration*



...Your one-stop shop for all your health education needs.



# Introductions

- Name
- Title
- Organization



# Housekeeping

- Bathrooms
- Sign-in/Sign-out
- CHES
- CEUs
- Evaluations
- Food
- Photos for The Voice and DPH



# Ground Rules

- Limit cell phone use
- Respect time
- Raise hands for questions/comments
- Respect one another
- Agree to disagree
- Differentiate between fact and opinion



# Morning Agenda

Timeframe	Content
9:00am-9:30am	Introductions and Overview
9:30am-10:15am	National Health Education Week
10:15am-11:00am	Diabetes Awareness
11:00am-11:15am	Wellness Break
11:15am-12:00pm	Minority Health Jeopardy Game
12:00pm-1:00pm	Lunch



# Afternoon Agenda

Timeframe	Content
1:00pm-1:15pm	Wellness Break
1:15pm-2:15pm	Women's Health Disparities, Indicators, and Programs
2:15pm-2:30pm	Wrap-up & Evaluations
2:30pm-3:30pm-	CHS Website Redesign



# Today's Key Objectives

**By the end of this session, participants will be able to...**

1. Identify the purpose of National Health Education Week.
2. List at least one activity taking place during National Health Education Week.
3. List three potential health effects of diabetes.
4. List three diabetes management techniques.
5. Distinguish between the two types of diabetes.
6. List at least one program managed by the Office of Women's Health.
7. Identify at least one indicator that disproportionately affects women's health in LA County.
8. Discuss recommendations to address health disparities that affect women's health in LA County.



# National Health Education Week

Paula Miller

*Acute Communicable Disease Control*

Sylvia Estafan

*Health Education Administration*



# National Health Education Week: Background

- Since 1995, it has been celebrated during the third week of October (10/17-10/23)
- Sponsored by health education-related professional organizations (SOPHE, NCHE)
- Each year the theme focuses national attention on a major public health issue
- Promotes understanding of the role of health education in promoting the public's health



# National Health Education Week: Planning Considerations

- What do we want to accomplish?
  - Clarify what a health educator does in LA County?
  - Increase awareness about health education's role in DPH? LA County?
  - Recognize staff?
- How do we want to accomplish our objectives?



# National Health Education Week: Ideas

- Article in *The Voice* to increase knowledge about health education's role in DPH
- Memo from Dr. Jonathan Fielding to acknowledge health education week
- Health Educator highlight on the Local 721 website
- Recognition or other event(s) during the third week of October
- Other ideas?



# Diabetes Awareness

Caroline Gutierrez

*Kaiser Permanente*





# Diabetes Awareness

## What is Diabetes?



- Diabetes is a life long (chronic) illness
- Over 20 million people have Diabetes  
Many are undiagnosed
- Latinos are the number one group at risk



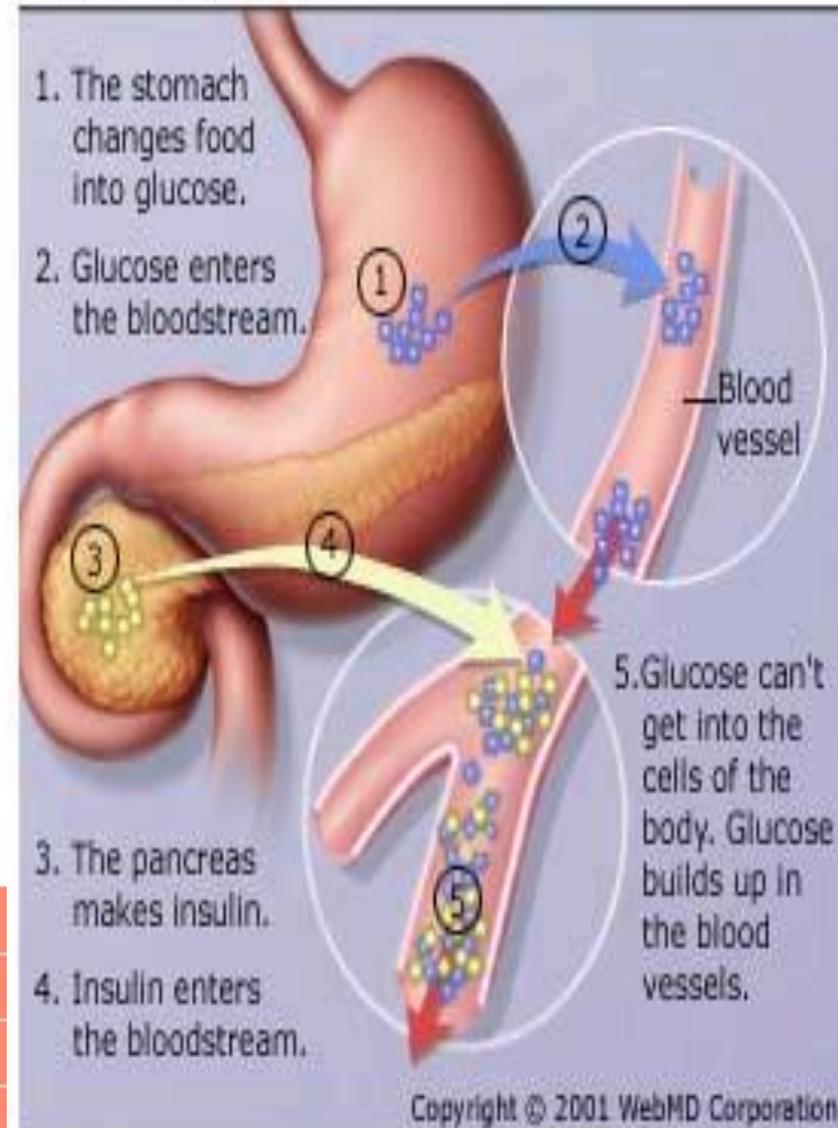
## Diabetes and related conditions

- Type 1
- Type 2
- Pre-Diabetes
- Gestational Diabetes



- Your body changes most foods into glucose (sugar)
- Insulin is a hormone that helps glucose move into your cells
- When your body does not make or use enough insulin, glucose cannot get into the cell properly

## Type 2 Diabetes



## How do you know you have diabetes?

- Blood sugar 126 mg/dl or higher on two fasting lab tests
- Blood sugar 200 mg/dl or higher with symptoms on one random test
- Hemoglobin A1C (HbA1C) of 6.7 or more



## Risk factors you cannot change:

- Age
- Family History
- Ethnicity



## **Risk factors you can change:**



## Risk factors you can change:

- Being overweight
- No regular exercise
- Stress



## Other situations:

- Gestational diabetes
- Delivery of a baby weighing more than 9 pounds
- Illness



Do you know someone with complications of diabetes?



## Complications of Diabetes include:

- Cardiovascular Disease
- Kidney Failure
- Loss of Vision
- Neuropathy (nerve damage)
- Amputation



- Fatigue
- Thirst (extreme)
- Urination (extreme)
- Blurred Vision
- Dry, itchy skin
- Hunger (extreme)
- Weight loss (unexplained)
- Poor healing of skin
- Vaginal infections
- No symptoms!



# See your doctor!



## Basic Diabetes Management

- Eat Healthy
- Monitor blood sugar at home
- Exercise
- Medication



## Eat Healthy

- Smaller meals throughout the day
- Avoid junk food
- Do not skip meals
- Control weight



## Monitor your blood sugar

- Test twice per day
- Test 2 hours after a meal
- Test more if there is a change in your routine
- Keep a log to share with your doctor



## Exercise

Any exercise is good, but aerobic is best!

Walking

Running

Cycling

Stair climbing

Dancing

Swimming



## Exercise

- Start with 5 – 10 minutes per day
- Work up to 30 – 60 minutes per day
- Check with your doctor before you start



## Medications

- Oral medications
- Insulin injections



## Work with your healthcare team

- Primary Care Doctor
- Diabetes Educator
- Nutrition Educator

Remember you are the captain of the team!



- Kaiser Permanente Healthy Living Programs and Health Coaching:
  - 1-866-402-4320
- **Tobacco Cessation**
- **Weight loss**
- **Exercise**



## Register on KP.org

- Refill prescriptions
- Get your lab results
- Make routine appointments
- Email your doctor
- Health Risk Assessment



# Thank you



# Minority Health Jeopardy

Sylvia Estafan

*Health Education Administration*

**A NEW GAME SHOW!**  
**So You Think**  
**You Know**  
**Minority Health?**



# Lunch



# Wellness Activity



Erika Siever

*Health Education Administration*



# Women's Health Disparities, Indicators, and Programs

Elizabeth Stillwell

Rita Singhal

*Office of Women's Health*





# Addressing Health Disparities among Women in Los Angeles County: The Role of the Office of Women's Health Los Angeles County Department of Public Health

Rita Singhal, MD, MPH,  
Medical Director, Office of Women's Health

Elizabeth Stillwell, RN

Public Health Education Collaborative  
Tuesday, August 3, 2010



# Diversity of Women in LA County

- Half of almost 10 million residents are female
- Aging population – 16% are 65+ years, more women than men (12%)
- Over 65% are women of color
- 40% are foreign born
  - 77% of foreign born living in the US  $\geq$  10 years
- Almost 1 in 4 women have less than a high school education
- Over half of women are living at  $<200\%$  FPL



# Health of Women in LA County

- One in 5 women report fair/poor health status
- 21% of women 18-64 years are uninsured
- Leading cause of death and premature death
  - Coronary Heart Disease – mortality declined by 34% from 1997 to 2006
- Increasing rates of: obesity, diabetes, high cholesterol, hypertension
- ‘All-cancer’ mortality as high as heart disease mortality



# Question

Women living at <100% FPL fare significantly poorer compared to other women for all of the following health indicators EXCEPT?

A – Health status

B – Difficulty accessing care

C – Fruits and vegetables consumption

D – Pap test screening

E – Diabetes

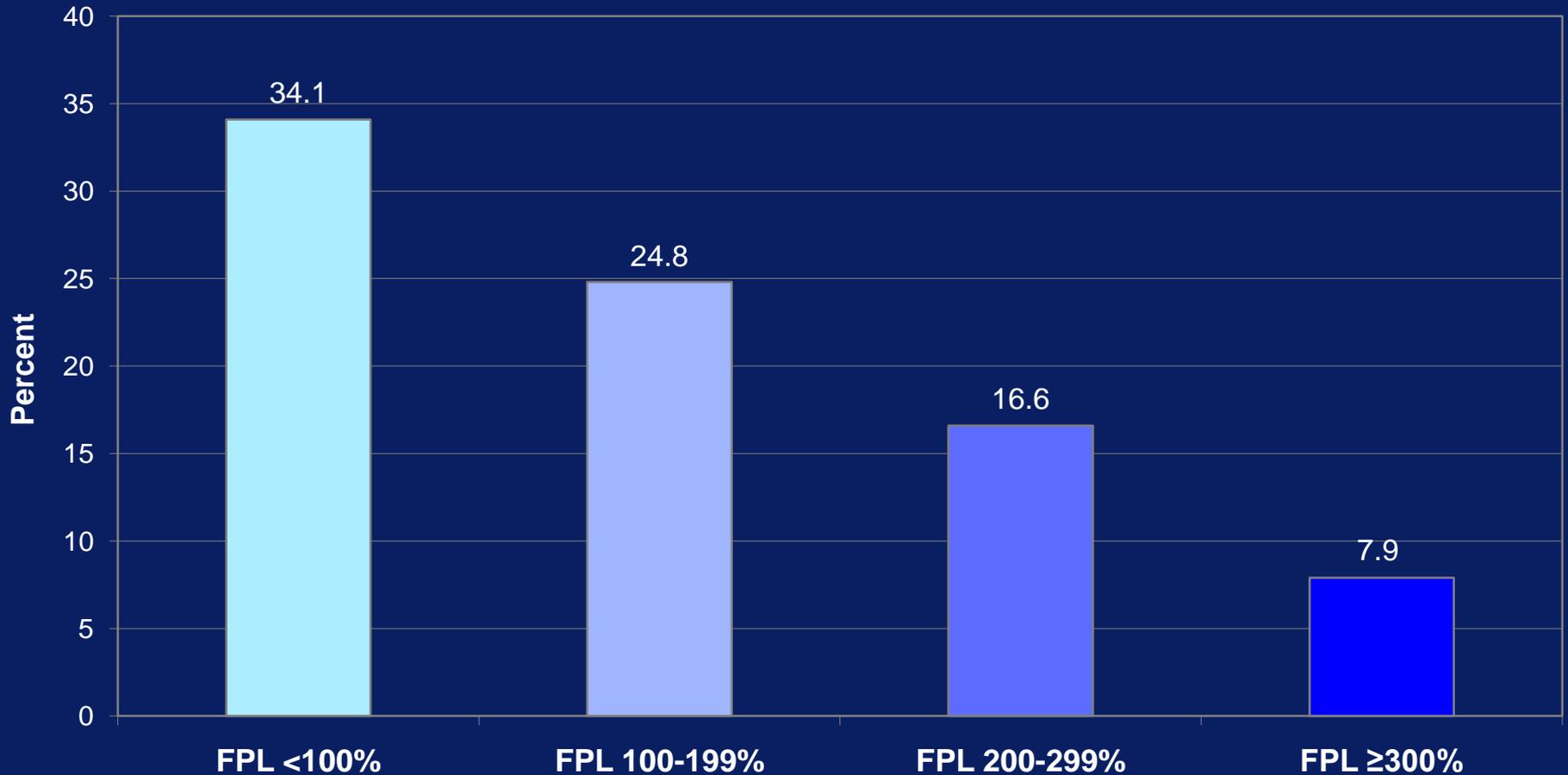


# The Dramatic Influence of Poverty

- Most health indicators negatively affected by poverty
  - Poorer health status
  - More difficulty accessing health care
  - Poorer health behaviors
    - Highest consumption of fast food, lowest levels of physical activity
  - Poorer health outcomes
    - Diabetes, Obesity, Heart Disease, Depression
- Direct, linear association for most indicators

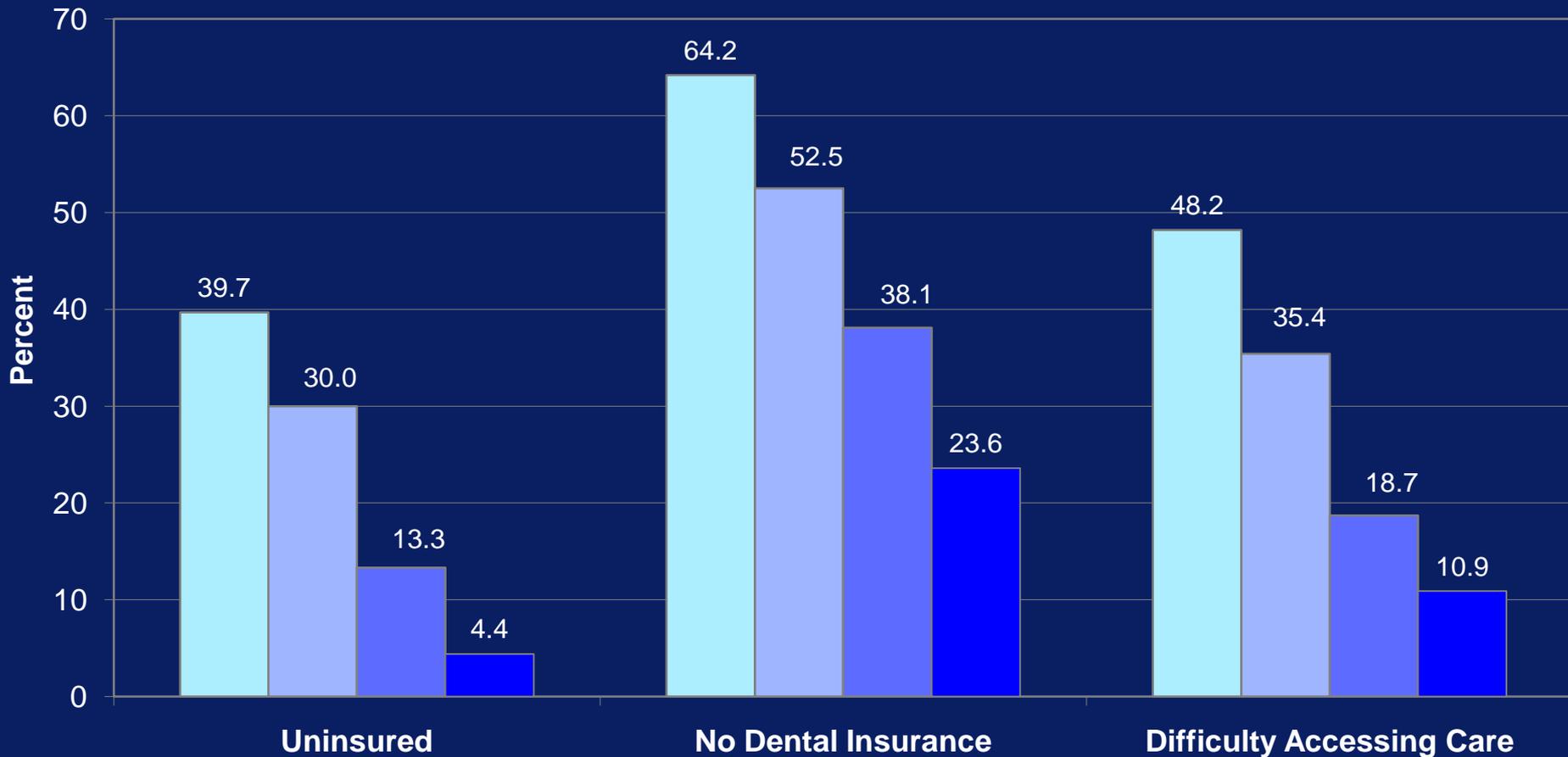


# Fair/Poor Health Status Among Women in Los Angeles County by Federal Poverty Level (FPL)



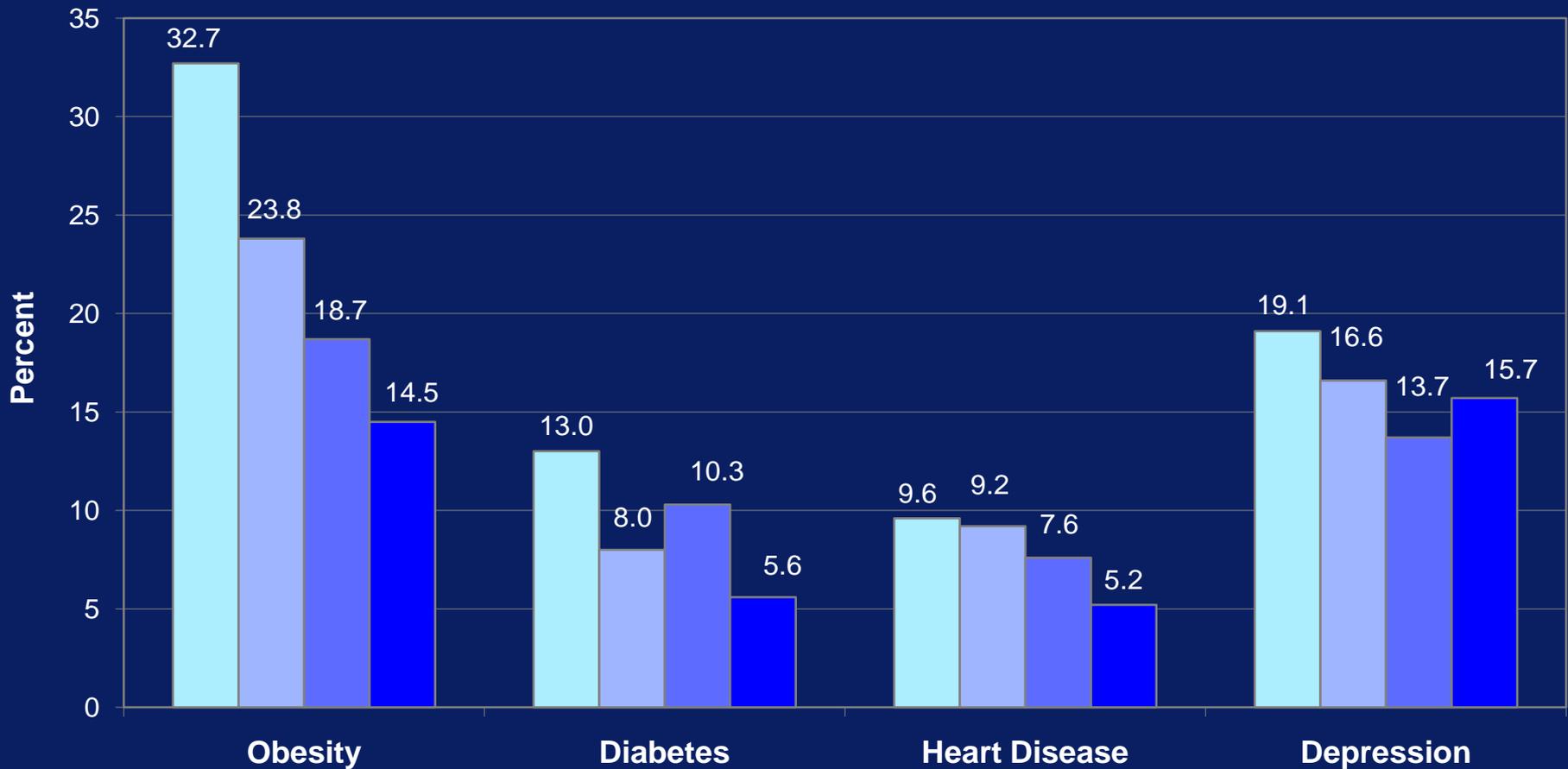
# Insurance and Health Care Access Among Women in Los Angeles County by Federal Poverty Level

FPL <100%   FPL 100-199%   FPL 200-299%   FPL ≥300%



# Health Conditions Among Women in Los Angeles County by Federal Poverty Level (FPL)

FPL <100%   FPL 100-199%   FPL 200-299%   FPL ≥300%



# Social & Physical Environment

- Poor health behaviors among poorest women
  - 46% are minimally active or inactive
  - Only 13% consume 5+ servings of f & v/day
  - 38% eat fast food at least once/week
  - 40% drink soda or sweetened drink/day
- Influence of physical environment
  - Only 30% report access to fresh fruits & vegetables
  - 75% report safe places play for children
  - 71% report neighborhoods safe from crime



# Question

Latinas fare significantly poorer compared to every other ethnic groups for all of the following health indicators EXCEPT?

A – Health status

B – Difficulty accessing care

C – Poverty

D – Education level

E – Obesity



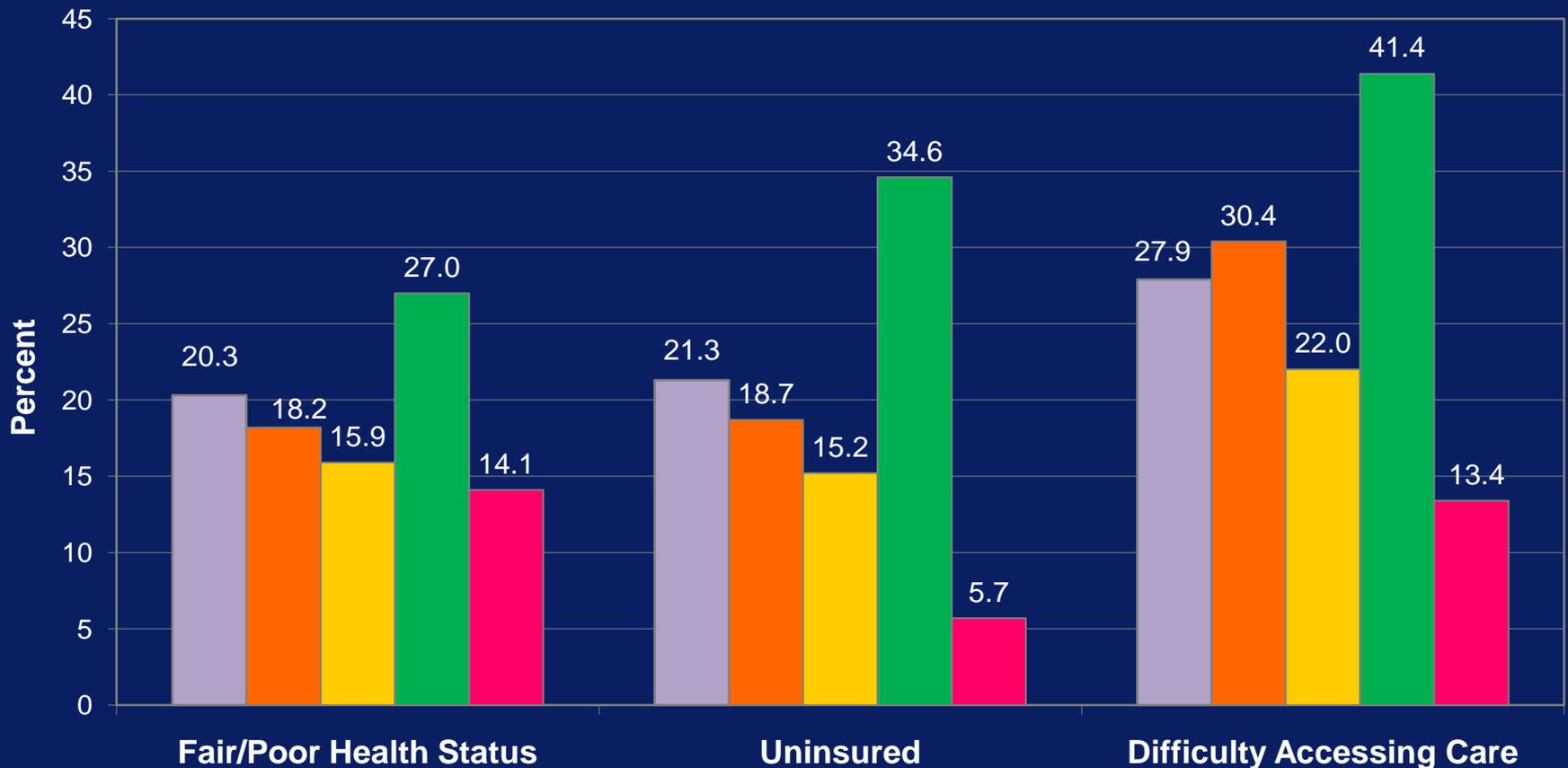
# Disparities Among Latinas

- Report the poorest health status among all ethnic groups
- Report poorer access to care
  - 1/3 lack health insurance
  - 40% report difficulty accessing care
- Contributing Factors
  - 75% are living at <200% FPL
  - 50% have less than a high school education
- Despite being youngest population
  - High rates of obesity and diabetes



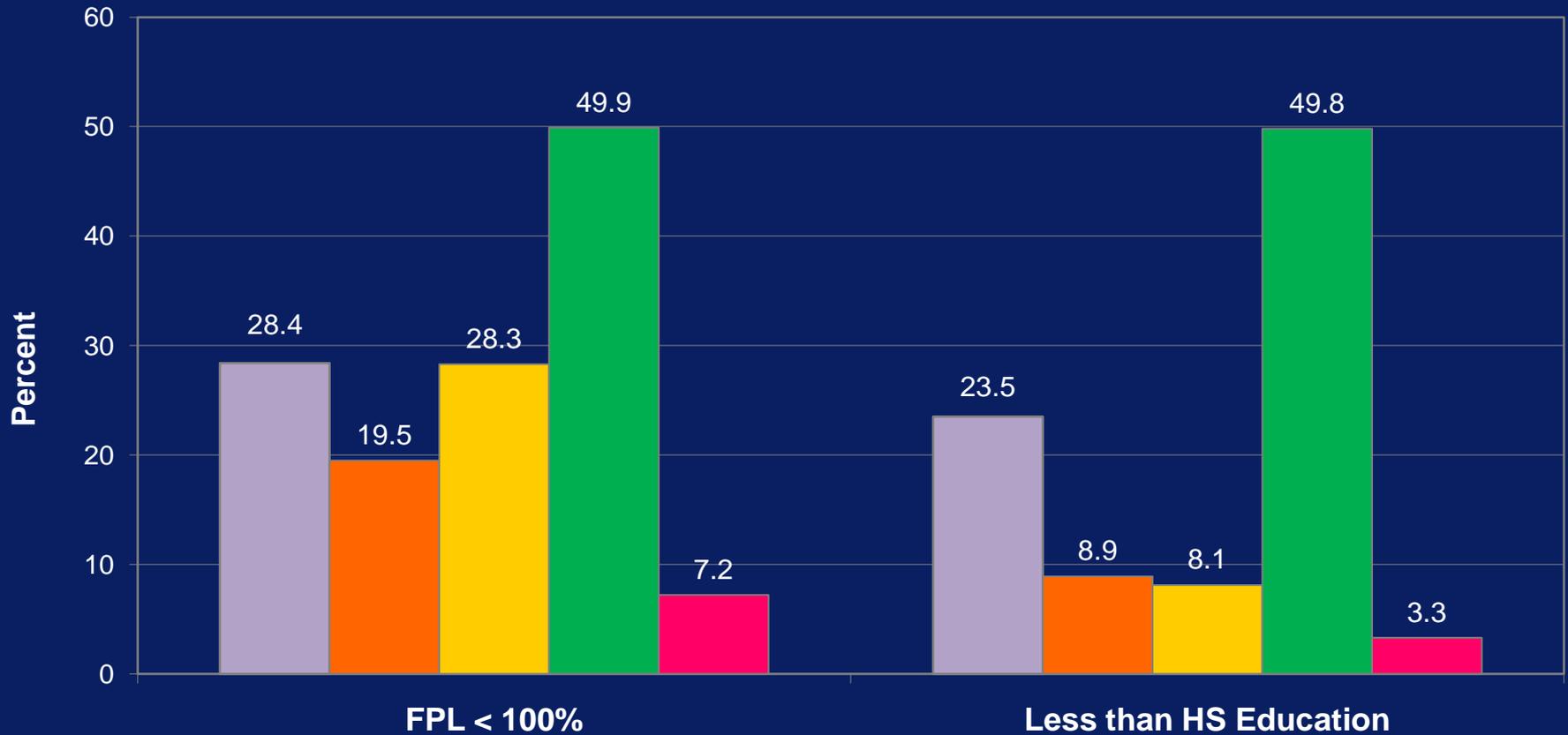
# Health Status and Health Care Access among Women in Los Angeles County by Ethnicity

■ Los Angeles County Women ■ Asian/Pacific Islander ■ Black ■ Latina ■ White



# Poverty and Education Level Among Women in Los Angeles County by Ethnicity

■ Los Angeles County Women ■ Asian/Pacific Islander ■ Black ■ Latina ■ White



# Question

Which of the following statements regarding the health of black women in LA County is FALSE?

- A – They have the highest mortality rates of heart disease and diabetes.
- B – One in 5 report smoking cigarettes.
- C – They have the highest percentage of having no regular source of care
- D – Over 1 in 4 report experiencing IPV since age 18



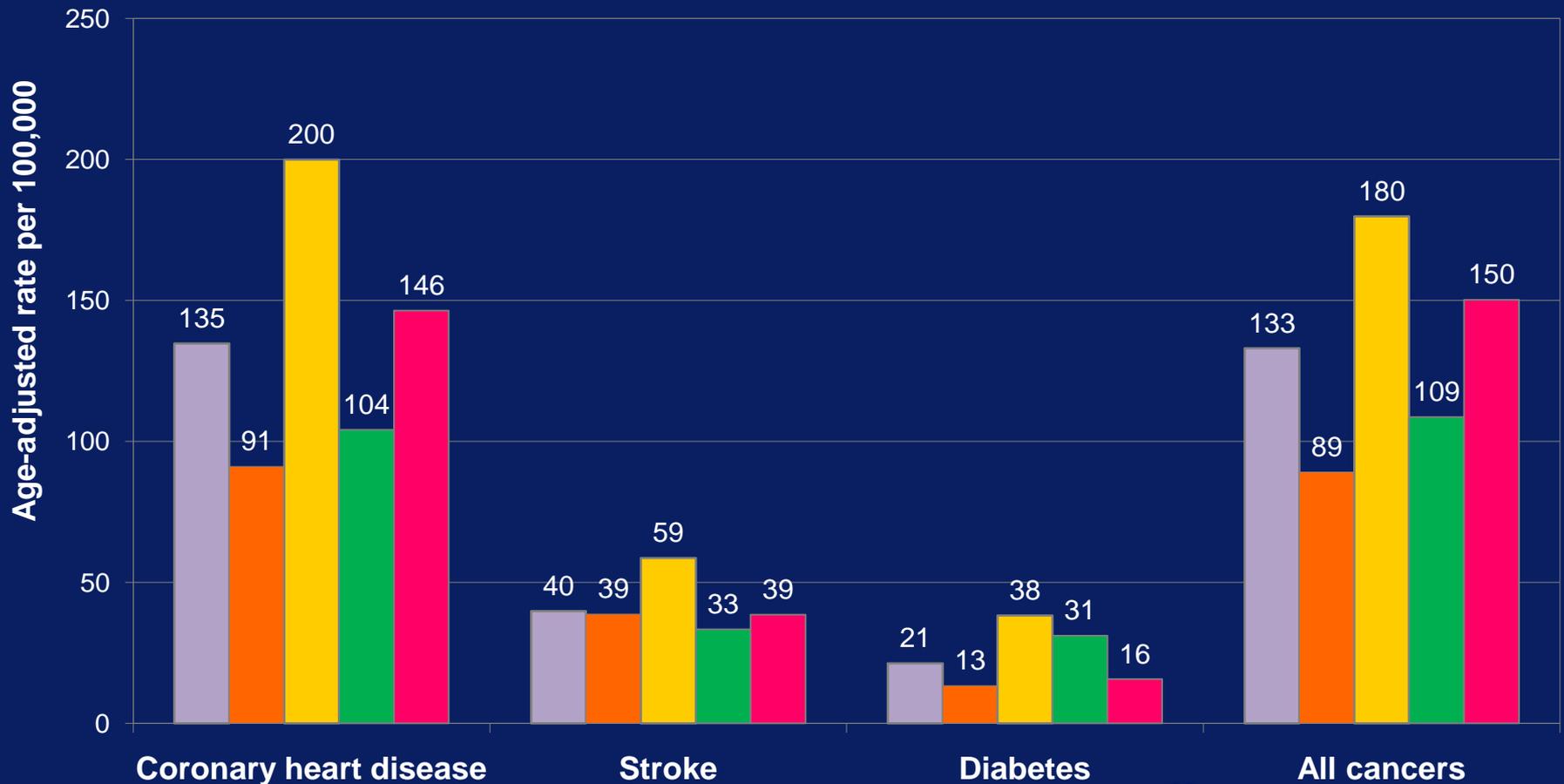
# Disparities Among Black Women

- Highest mortality rates
  - Heart Disease, Stroke
  - Diabetes
  - All Cancers
  - Maternal and Infant
- Unique barriers to health
  - Smoking
  - Communicable diseases
  - Exposure to violence
- Report better health care access and health status



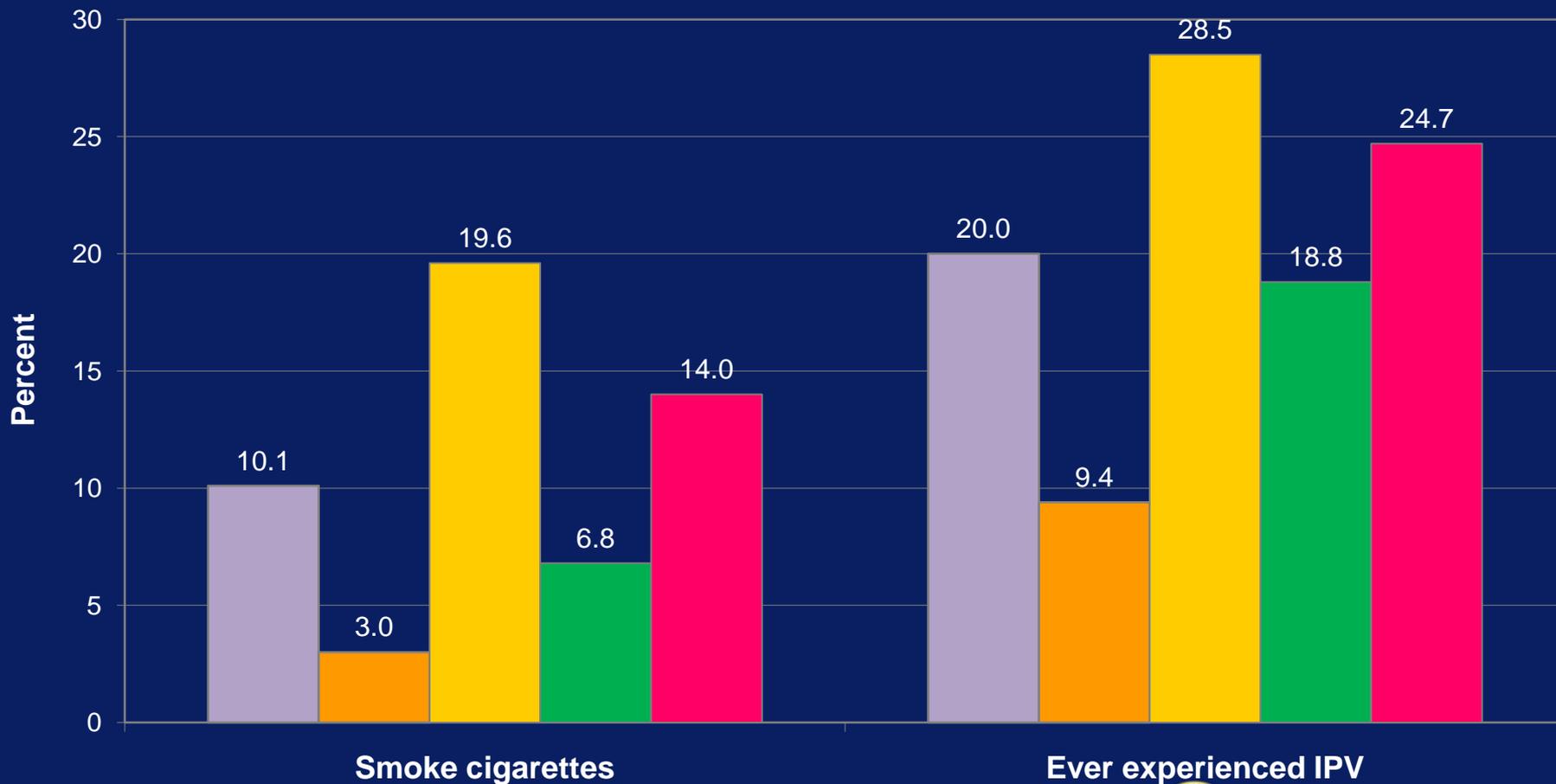
# Mortality Rates From Chronic Diseases Among Women in Los Angeles County by Ethnicity

■ Los Angeles County Women ■ Asian/Pacific Islander ■ Black ■ Latina ■ White



# Smoking and IPV among Women in Los Angeles County by Ethnicity

■ Los Angeles County Women ■ Asian/Pacific Islander ■ Black ■ Latina ■ White



# Question

Which of the following statements regarding the health of Asian/Pacific Islander women in LA County is FALSE?

- A – Highest percentage of meeting physical activity recommendations
- B – Less than 1 in 2 have been vaccinated for pneumonia (only 65 years and older)
- C – Almost 1 in 5 have no regular source of care.
- D – Lowest rates of cervical, breast and colorectal cancer screening



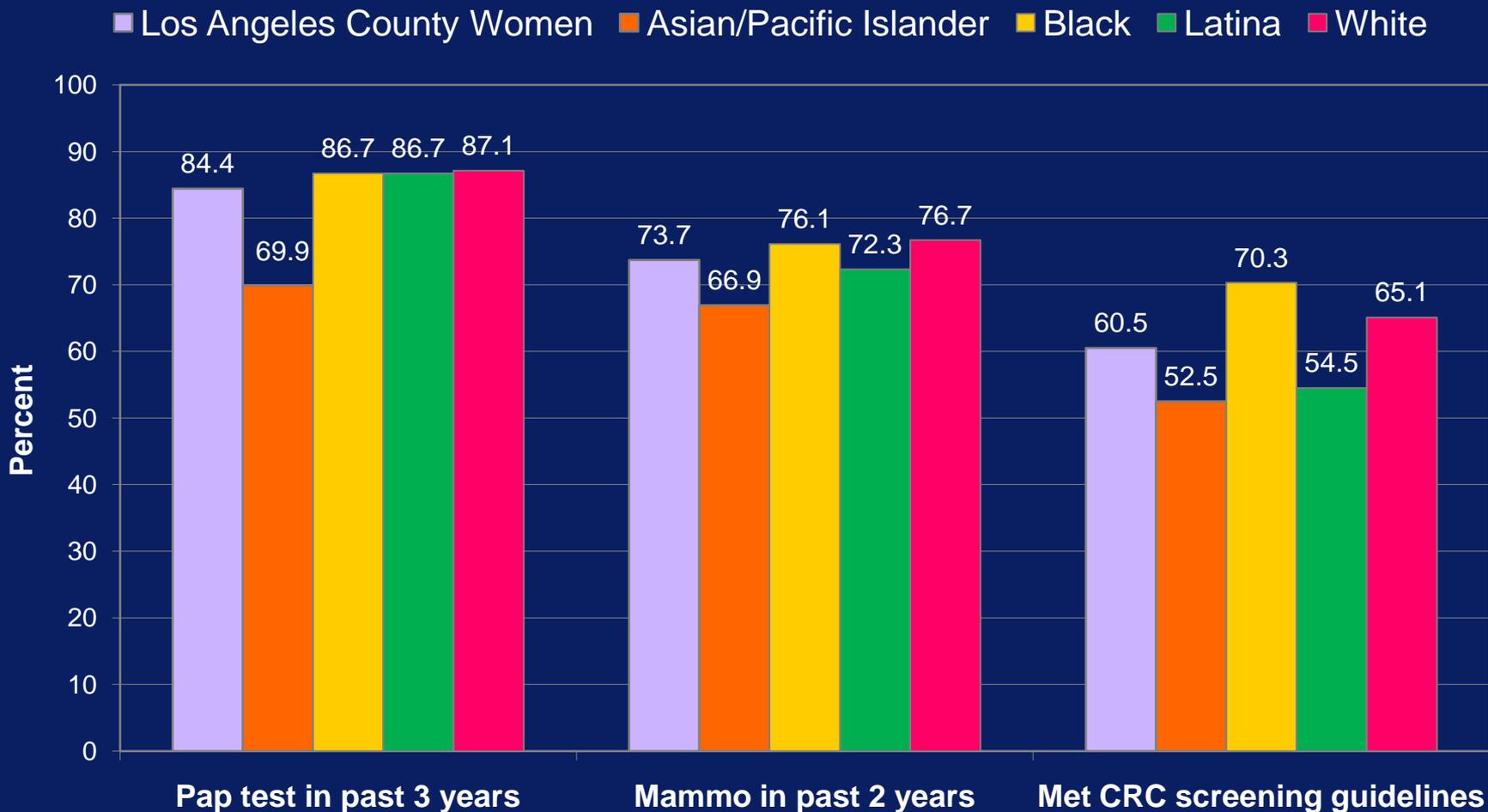
# Disparities Among Asian/Pacific Islander Women



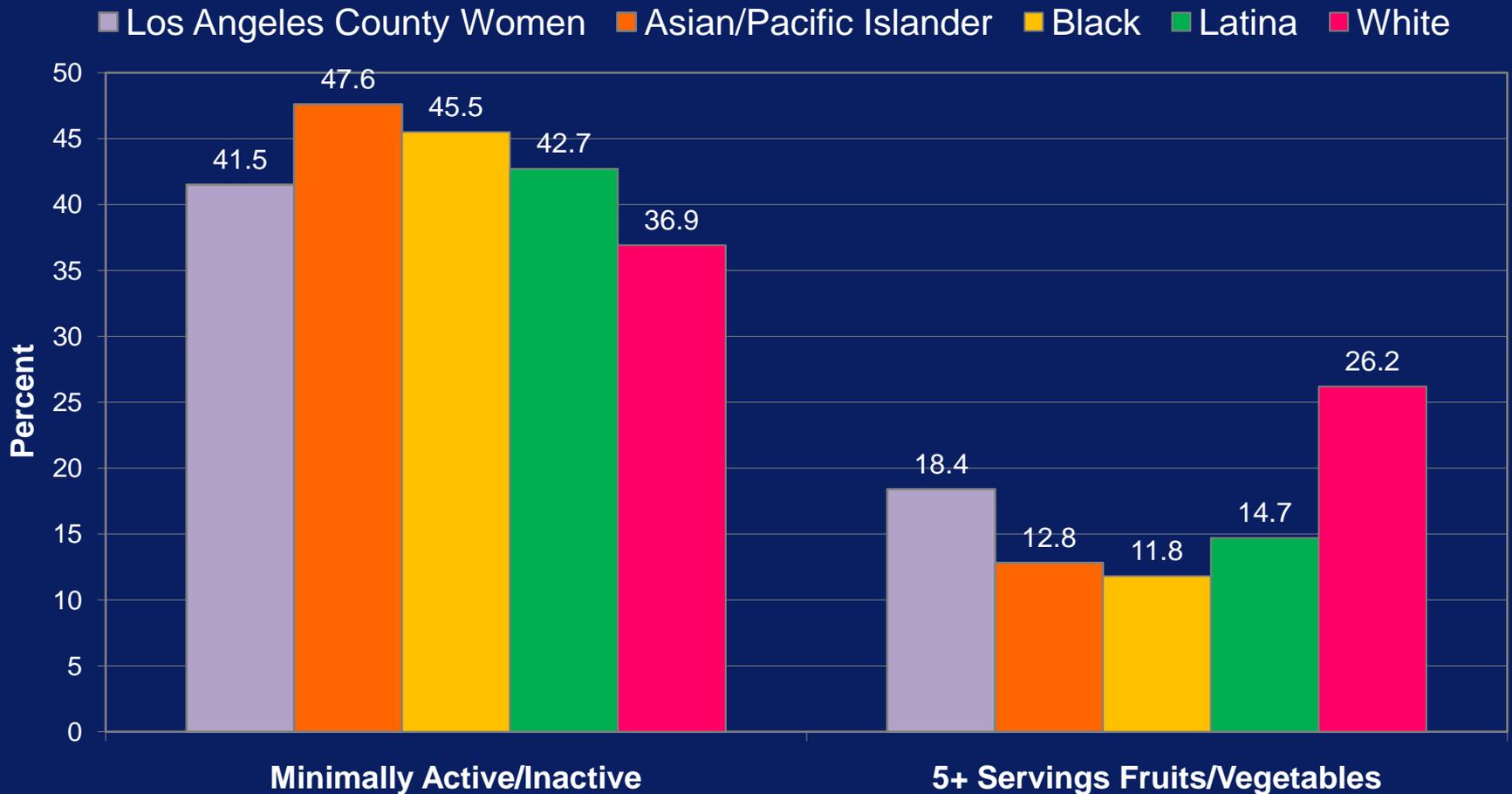
- Low rates of having a regular source of care and receiving preventive services
  - Rates of health insurance above overall rates
  - Low physical activity and fruits/vegetable consumption
  - Has not translated to poorer health outcomes
- Heterogeneous group – Hidden disparities
    - Vietnamese women higher rates of poverty
    - Korean women lowest rates of self-rated health status
  - Important to examine these ethnic groups individually



# Receipt of Preventive Screenings Among Women in Los Angeles County by Ethnicity



# Physical Activity and Fruits/Vegetable Consumption among Women in Los Angeles County by Ethnicity



# Special Health Topics

- Women 65 years and older
- Women with a disability
- Uninsured women
- Lesbian and bisexual women

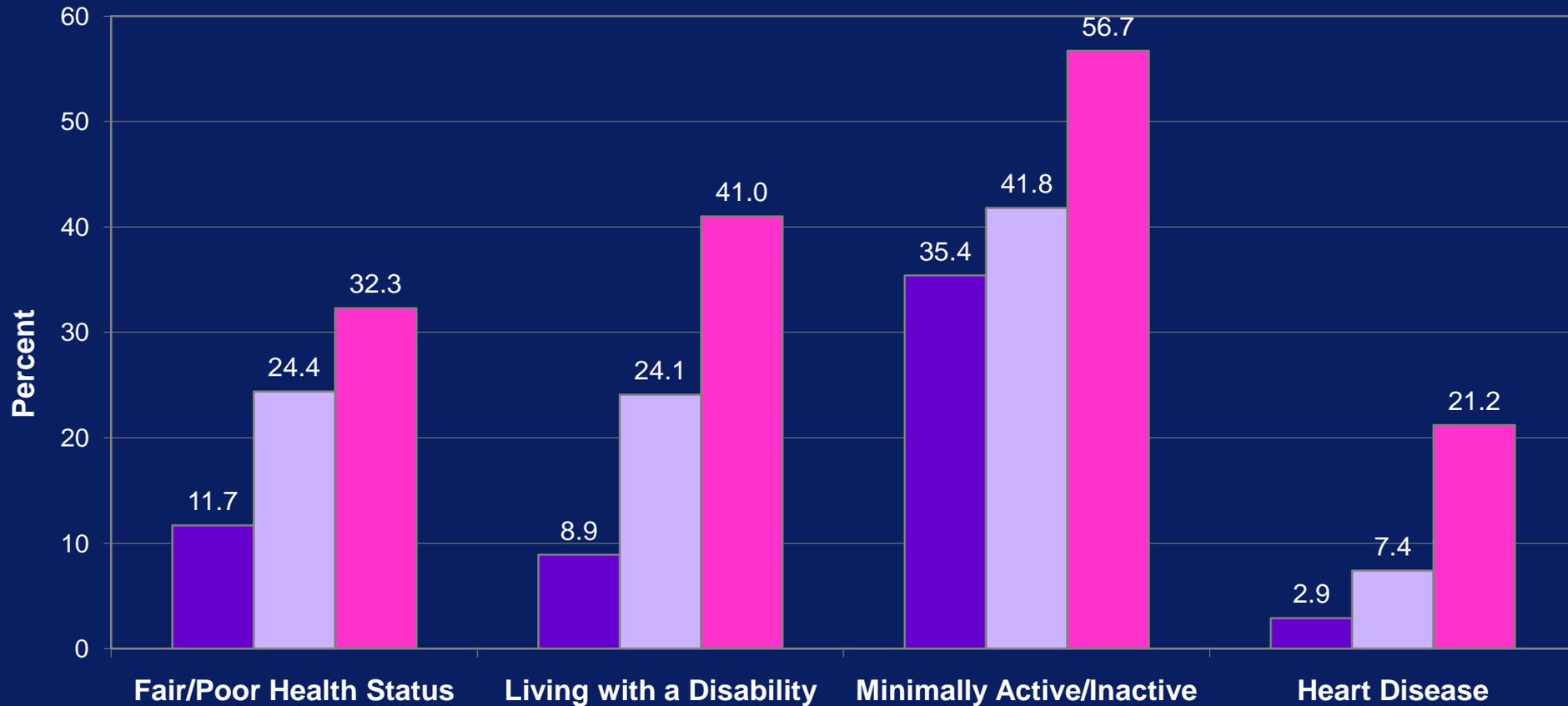


# Health Indicators for Women in Los Angeles County by Age

Age 18-39 years

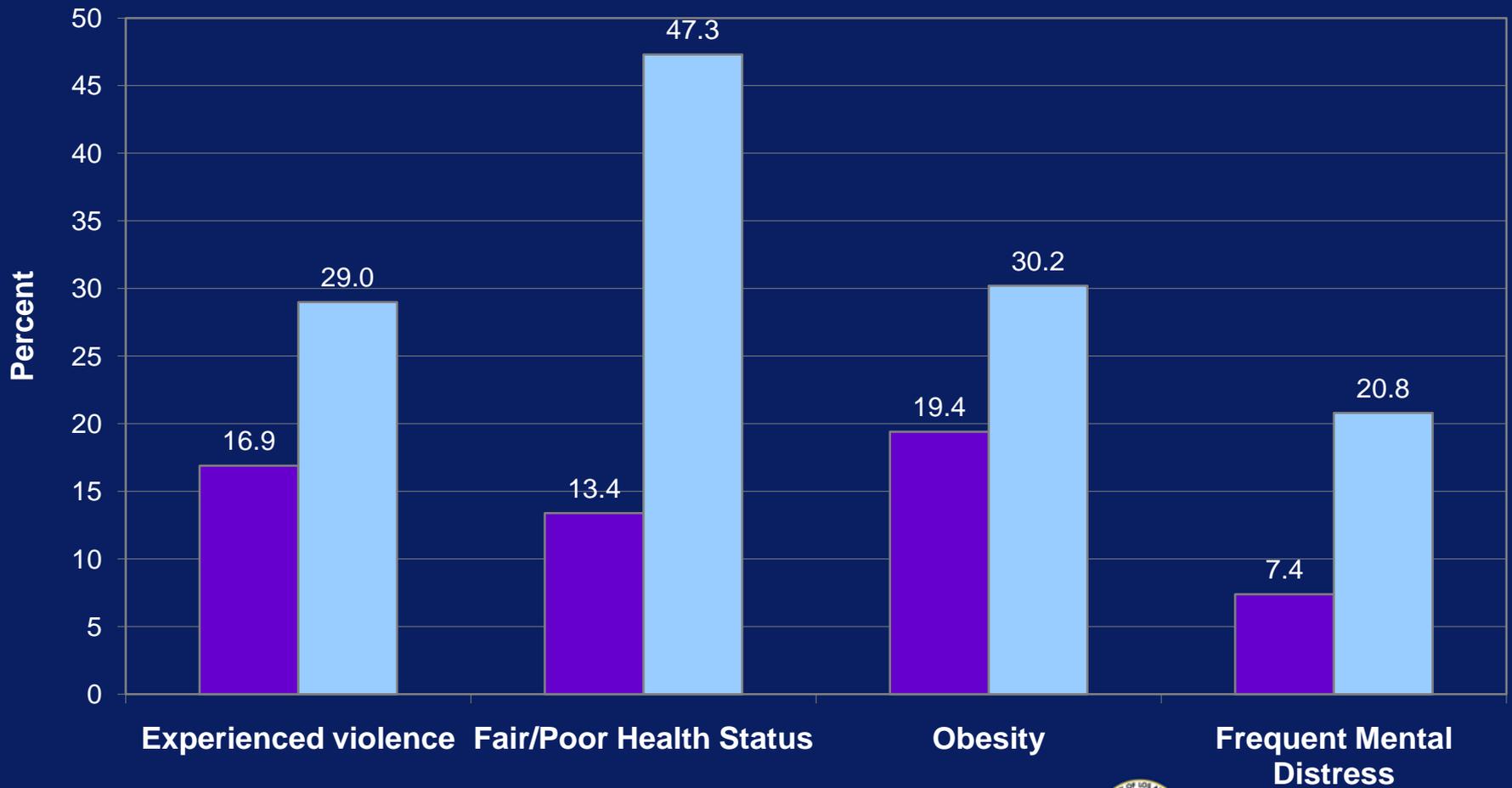
Age 40-64 years

Age 65+ years



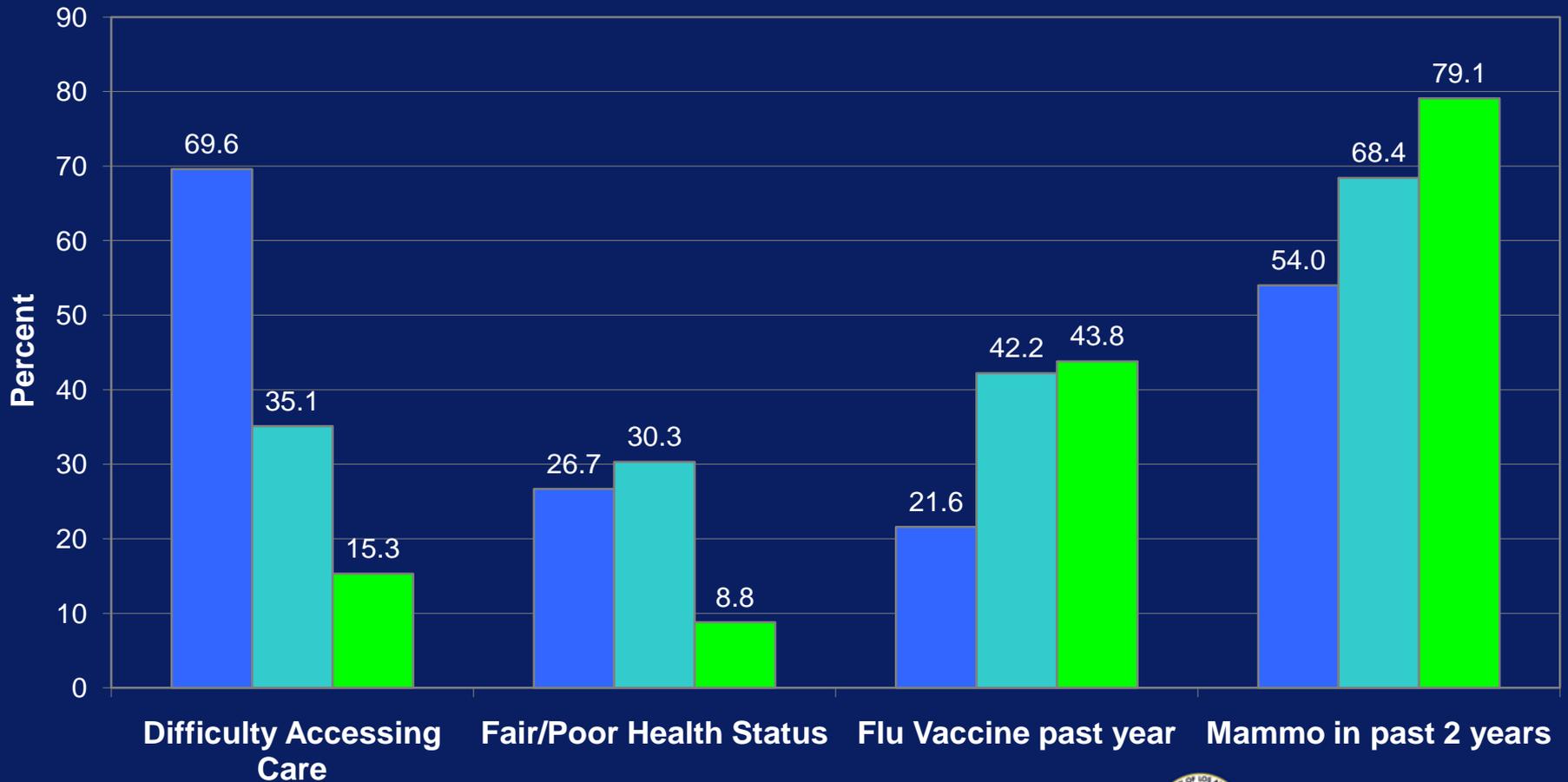
# Health Indicators for Women in Los Angeles County by Disability Status

■ Women without Disabilities   ■ Women with Disabilities

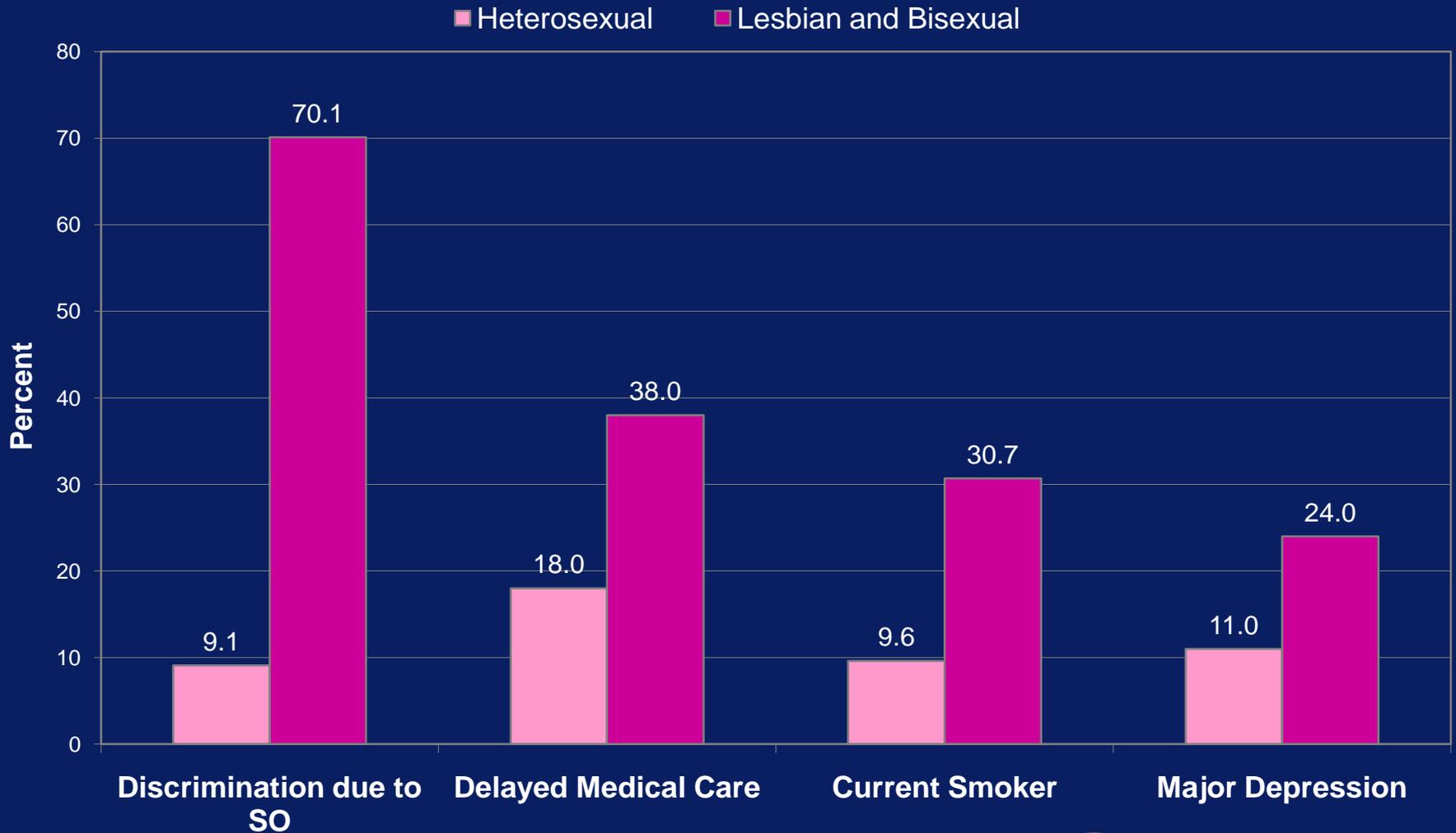


# Health Indicators for Women in Los Angeles County by Insurance Status

■ No Insurance ■ Medi-Cal ■ Private



# Health Indicators for Women in Los Angeles County by Sexual Orientation



# Conclusion



- Diverse population with unique health needs
- Chronic diseases represent major disease burden
- Poverty has a significant impact on all domains of health and is an important source of disparities
- Improvements in health lie in improving the social and physical environment of women



# Office of Women's Health

- Established October 1998
- To improve the health status of women
- Serve as the focal point for promoting county programs and policies related to women's health
- Women's Health Policy Council advisory board



# Objectives of Office



- Develop a clearer understanding of the health issues of women
- Prioritize health needs of women with focus on vulnerable populations
- Develop and implement women's health policy initiatives
- Increase coordination and collaboration between departments



# Work to Date

- Past & Ongoing Projects
  - 1-800-Hotline
  - Cervical Cancer Prevention and Education Initiative
  - Women's Health Mobile Clinic Outreach Program
  - Prevention Matters!
  - Heart Disease Risk Assessment
  - Health Indicators for Women Reports
  - 2007 Women's Health Policy Summit



# Informing Healthcare Policy

- What are the priorities of Women's Health?
  - Decreasing health disparities
- What are the key health issues?
  - Chronic Diseases
    - Heart disease, cancer, depression
  - Access to Health Care/Insurance
    - Preventive services
  - Social and Physical Environment
    - Safer and healthier communities
- Critical not to cut services, initiatives, programs that ameliorate disparities



# Prevention Matters!

- Multi-cultural, multi-lingual umbrella campaign on prevention, education and screening
- Low-income women, 35 years of age and older
- Reduce the burden of chronic disease
- Focus on heart disease and cancer
- Goals: Raise awareness, increase access to screenings, promote healthy lifestyles, promote advocacy and policy opportunities



# Campaign Components



- Community Partners network
  - >400 Educational, clinical, outreach, advocacy community based organizations
  - Serve at grassroots level to bring campaign to constituents
- Community dialogues
  - Talking with the health experts; attended by community leaders and health educators
  - “Making Data Come Alive” – May 18<sup>th</sup>
  - Woman and Aging/Health Care Reform – October 5<sup>th</sup>



# Campaign Components



- 1-800 Hotline
  - Provides information, referrals and appointments in 7 languages
- Heart disease risk assessment
  - Web based assessment given to hotline callers
  - Tailored education messages based on identified risk factors
- Every Woman for Life
  - Education on breast and cervical cancer screening
  - Encourage and facilitate appointments



# Campaign Components

- Targeted Outreach
  - Hotline operators serve as outreach workers to target their specific communities
- Multi-lingual educational materials
  - Produced in 6 languages
  - Culturally and gender specific
  - Fact sheets on heart disease risk factors
  - Breast and Cervical health
  - Other topics from FDA OWH



# Summit Implementation

- 2007 Women's Health Policy Summit - >400 county/community stakeholders produced 48 recommendations
- 50 Member Summit Implementation Taskforce
- Hired Implementation Coordinator
- 9 Active Working Groups
  - Education and Training
  - Women's Health Data
  - Sexual Orientation and Gender Identity
  - Violence and Health
  - Disability and Access
  - Women and Aging
  - Reproductive Health and the Environment
  - Worksite Wellness
  - Adolescence and Health Relationships



# What You Can Do

- Promote the 1-800 hotline and it's services
- Attend current or future community dialogues
- Participate on Summit Leadership Taskforce committees
- Spread the word about health disparities among women in the County
- Invite community agencies to become community partners





## Office of Women's Health

<http://publichealth.lacounty.gov/owh/index.htm>

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626-569-3818



# Upcoming Collaboratives

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Date	Time	Location
September 7	9am – 4pm	California Endowment 1000 N. Alameda Ave, LA 90012 Big Sur Room
October 5	TBD	TBD

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# Wrap-Up & Evaluations

Sylvia Estafan

*Health Education Administration*



# Thank You!



# CHS Website Re-Design Committee

